MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10/585177

FILING DATE

APPLICANT(S

CLAIMS

T	AS FILED			TER NDMENT	AFTER 2 MAMENDMENT			AS FILED		AFTER 1 AMENDMENT		AFT) 2 ** AMENO	
H	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	T
I	1						51						ļ
		\Box					52						╀
4		4					53 54		 				╁
4							55						1
\dashv	-	1					56						1
							57						I
一门							58						4
							59				ļ		4
		<u> </u>					60		 -				+
+		-}					62						1
+		4		1			63						
							64						
5							65				ļ	(1)	4
5							66		 	<u> </u>	 	 	4
7		<u> </u>	ļ				67 68				 	 	
3		 	ļ				69		 	1	1	 	_
'		 				 	70						
计							71						
-							72				ļ		_
3							73		 	-	 		-
1						1	74 75		+		 -		-
5		<u> </u>				 	76		 	-	 		_
6 7		 					77						
- +		$\vdash \neg$		\vdash	-		78						_
9							79		<u> </u>	ļ		-	_
0							80		 	!	 		_
1		ļ	.	ļ			81 82	ļ	+	 	-		-
2		 		 		 	83		 		-		_
3		 	} ——	-		†	84						_
5		 	 	 			85]		
6							86		 	-	-	 	_
7			ļ	ļ		 	87		+	-	-	+-	_
8		_		 	!	 	88 89	 	+	1	+	1-	
9 0		+	 	+	 	+	90	1	 	1			_
1		+	1-	+		 	91						_
2		 					92					 	
3							93	 	 	 		↓	_
4			ļ	_		 	94	 				-	
5		┼	1		 	 	95 96	 	+	1	+		_
6		 	 		1	+	97	1	+	1 -	1		_
7 8		+	1	+		+	98						_
9		+	1				99					1	_
0							100			4		+	_
TAL (D.	2	<i>j</i> ↓		•		•	TOTAL IND.		_		_		_
TAL EP.	17	+		+		(TOTAL DEP.		+		+	400	_
TAL AIMS	72			*****			TOTAL				***		